

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
**(FOR USE WITH FORM PTO-875)**

SERIAL NO. 10270002	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↔
TOTAL DEP.	↓		↓		↓	↓
TOTAL CLAIMS	↓					

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓	
TOTAL DEP.	↓		↓	↓	↓
TOTAL CLAIMS	↓				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS